

(ಶ್ರೀ ಎಸ್. ಎಂ. ಕೃಷ್ಣ)

ವ್ಯವಸ್ಥೆಗಳನ್ನು ಈಗ ಮಾಡಿದ್ದಾರೆ ಯೋ ಅದನ್ನು ಕಿತ್ತುಹಾಕಬೇಕು. ದುರಾದೃಷ್ಟವಶಾತ್ ಈಗ ಅನೇಕರಿಗೆ ಇದರಿಂದ ಸಪ್ಪ ಬಂದಿರುವುದರಿಂದ, ಸರ್ಕಾರ ಪ್ರತಿಯೊಂದು ಕಾರ್ಯಕ್ರಮಕ್ಕೂ ತೀವ್ರತೆಯನ್ನು ಕೊಡುವುದಕ್ಕೆ ಏರ್ಪಾಡು ಮಾಡುತ್ತೇವೆ.

11-30 P.M.

(ii) *re* : **Inconvenience to Patients at the Government Dental Hospital at Bangalore**

Sri B. G. BANAKAR (Hirekerur).—I call the attention of the Hon. Minister for Public Health to the inconvenience caused to the patients due to delay in giving treatment in Government Dental Hospital (College) at Bangalore.

Sri H. SIDDAVEERAPPA (Minister for Public Health).—I state as follows :

The Dental College at Bangalore was started during the year 1958-59 in the out-patient Department of the Victoria Hospital, Bangalore, with an admission strength of 10 students only with 4 Dental Units and 5 Dental Chairs. The New Dental College buildings were constructed at an approximate cost of Rs. 17 lakhs and were occupied during 1963. The following Departments in the various specialities in Dentistry have been established with full time Professors in each Department :—

- (i) Oral Medicine Diagnosis and Radiology ;
- (ii) Oral Pathology ;
- (iii) Periodontia ;
- (iv) Oral Surgery ;
- (v) Orthodontia ;
- (vi) Operative Dentistry ;
- (vii) Prosthetics ; and
- (viii) Public Health Dentistry

2. During the years 1965-66 and 1966-67, Post-Graduate Course in Orthodontia ; periodontia and oral surgery (M.D.S.) were introduced with an admission strength of 5 students per course each year. During the same year i. e. 1968-69, auxiliary courses, viz. Dental Mechanics, Dental Hygienists, were also started and a service clinic was opened to provide better and early treatment to the needy public. During 1969-70, Post-Graduate Course in Public Health Dentistry and oral Medicine Diagnosis and Radiology have been started and the admission strength of undergraduate students have been raised from 30 to 40 per

year during 1972. When the College was started in 1958-59, there were only 70 out-patients attending and by the year 1971-72, this attendance rose to 410 per day which represents the steep increase in the attendance in all the Departments of the Dental College.

3. There are 14 units in the Service Clinic of the Dental College Hospital, out of which 8 units were bought in 1961 through the State Trading Corporation from Czechoslovakia and the remaining 6 Units were bought in 1966 from Yugoslavia by direct import. Spare parts for the 7 units bought in 1961 are not available anywhere in the country and the two Dental equipment firms, have tried to repair them to the best of their ability. The Engineers of N.G.E.F. and B.E.L. who were consulted in the matter have expressed their inability to effect any improvement. However these 8 Units are working, but not to the complete satisfaction for the filling work. In order to re-condition these units a proposal for the establishment of a maintenance workshop is under consideration. The remaining six units are working except for minor breakdown occasionally, and are repaired by the electricians, on the premises. The total No. of working units at any one time is adequate for the total number of dentists working in the service clinic. Thus no patient is sent back for want of a working unit.

4. Regarding Non-availability of materials, a very few materials needed for various dental procedures, are manufactured in the Country and they are in short supply time and again. Whenever they are available they are immediately ordered and bought. The other materials are imported by Dental Traders on their own Licences and are being supplied in small quantities at exorbitant rates to create artificial scarcity. These materials are being purchased as and when available by calling quotations and as much available stock as possible is maintained. In addition to this the institution is attempting to import directly from the manufacturers from abroad materials worth Rs. 2,000 at a time under Liberalised Import Scheme of Government of India.

5. Regarding shortage of Technicians (Dental mechanics) there are only two sanctioned posts of mechanics, whose capacity for preparation of Dentures is only to the extent of 50 to 60 per month. More than this cannot be undertaken as it is humanly impossible and the quality of work would deteriorate. Action will be taken to make available two more Dental Mechanics (Technicians) by transferring Dental Mechanics posted in the peripheral area as where there is no work till two more posts are created for the service clinic.

6. Regarding appointment given to patients 3 or 4 months after their registration, about 6 to 8 thousand new patients are registered every month in addition to 3 to 4 thousand old patients undergoing treatment. Of these, 40% of the patients required treatment for

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decayed teeth (fillings) and for Pyrrhoea, and about 10% require Dentures. The patients are visiting the Dental Hospital for facility of simple fillings, preparations of Dentures and treatment of Pyrrhoea which facilities are not available in peripheral Dental Clinics for want of equipment. This institution cannot refuse treatment to any one and all emergencies are dealt then and there. But patients for whom treatment is not urgently required are forced to wait one or two months depending upon the capacity of the Doctors to take up more patients. Such a delay is inevitable, in view of the huge number of patients and limited number of Dental Staff available. Above all, this being a teaching Institution, the teaching staff cannot devote all their time for treatment of patients only.

7. The following suggestions are being examined by the Director of Health and Family Planning Services for improvement of Government Dental College Hospital (College) at Bangalore to give quick and effective treatment *viz* :

- (i) Filling up of the 'Immediate supervisory' post of Dental Surgeon for the Service clinic ;
- (ii) Creation of a maintenance workshop ;
- (iii) Creation of two more Dental Mechanics for the service clinics ;
- (iv) Improvement of Peripheral Dental Clinics in the State ; and
- (v) Upgrading of Dental Departments in the various Medical Colleges of the State ;

The above suggestions will be considered by Government after the receipt of the Director's report and suitable orders for implementing the same will be issued at the earliest. I assure the Hon'ble Member and the House that expert and quick treatment will be provided to the patients by the Dental Hospital at Bangalore, no sooner the above suggestions are implemented.

I may however mention this is one of the best Departments manned by officers of merit and devotion under the able guidance of the Principal, Dr. Ramachandra,

ಶ್ರೀ ಬಿ. ಜಿ. ಬಣಕಾರ್.—ತಾವು ಈಗತಾನೆ ಕೊಟ್ಟ ಹೇಳಿಕೆಯಲ್ಲಿ ಅವಿವರಣೆ ಕೆಲವು ತೊಂದರೆಗಳು ಇರುವುದು ಹೇಳಿರುವುದರಿಂದ ಸರ್ಕಾರದವರು ಕೂಡ ಇದು ಅನುಮತಿಸುವಾಗ ಕೆಲಸಮಾಡುತ್ತಿದ್ದ ವಿವರವನ್ನು ಒಪ್ಪಿಕೊಂಡಿರುವಂತೆ ಆಗಿದೆ. ಅದಕ್ಕೆ ಈ ಅಧಿಕಾರಿಗಳು ಒಳ್ಳೆಯವರು, ಇಲ್ಲಿ ನಡೆಸುತ್ತಿರುವುದು ಬಹಳ ಒಳ್ಳೆಯ ಕೆಲಸಗಳು. ಮಾನ್ಯ ಮಂತ್ರಿಗಳೂ ಒಳ್ಳೆಯವರು, ಇದನ್ನೆಲ್ಲಾ ನಾವೂ ಒಪ್ಪುತ್ತೇವೆ. ಆದರೆ ಇನ್ನೂ ಹೆಚ್ಚಿನ ಪ್ರಮಾಣದಲ್ಲಿ ಬಹಳ ದಕ್ಷತೆಯಿಂದ ಕೆಲಸ ಮಾಡುವುದಕ್ಕೆ ತಾವು ಪ್ರಯತ್ನ ಮಾಡಬೇಕೆಂದೂ ಮತ್ತು ಅಲ್ಲಿಗೆ ಒಂದು ವಿಜಿಟರ್ಸ್ ಬೋರ್ಡ್‌ನ್ನು ಅಪಾಯಿಂಟ್ ಮಾಡಬೇಕೆಂದೂ ಹೇಳುತ್ತೀನೆ.

ಶ್ರೀ ಎಚ್. ಸಿದ್ದವೀರಪ್ಪ.—ಈಗ ಸರ್ಕಾರದವರು ಎಲ್ಲ ಆಸ್ಪತ್ರೆಗಳಿಗೂ ಒಂದು ಕಾಮನ್ ಬೋರ್ಡ್ ಅಥವಾ ವಿಜಿಟರ್ಸ್ ಮಾಡಬೇಕೆಂದು ತೀರ್ಮಾನ ಮಾಡಿಕೊಂಡಿದ್ದಾರೆ. ಅಲ್ಲಿಗೆ ಪ್ರತ್ಯೇಕ ಒಂದು ಬೋರ್ಡ್ ಅಥವಾ ವಿಜಿಟರ್ಸ್ ಆರೋಪಿಸಿದರೆ ಅದನ್ನು ಪರಿಶೀಲನೆ ಮಾಡಲಾಗುತ್ತದೆ. ಆದರೆ

ಈಗ ಲ್ಲವನಾಗಿದೆ ಎಂದರೆ ಡಿವ್ಯಾಂಜೆರಿಯಾಗಿ ಸಂಭವಿಸಿ ಕಡಮೆಯಾಗಿದೆ. ಕೆಲವರಿಗೆ ಕಾರ್ಡಿಯೋಗ್ರಾಫನ್ನು ಕೊಡಲಾಗಿದೆ. ಲ್ಲಿಗೆ ಬರತಕ್ಕವರು ನಾನಾ ಉದ್ದೇಶಗಳಿಂದ ಬರುತ್ತಾರೆ. ಅದರ ಯಾರು ಹೆಚ್ಚುಗಳನ್ನು ತೆಗೆಸಿ ಲ್ಲುವುದಕ್ಕೆ ಬರುತ್ತಾರೆ ಮತ್ತು ಯಾರು ಲ್ಲಿಗೆ ಅನಿವಾರ್ಯವಾಗಿ ಬರುತ್ತಾರೆ ಅದರಂತೆ then and ther treatment ಕೊಡಲಾಗುತ್ತದೆ. ಲ್ಲದೆ ನಾನೇ ಸ್ವತಃ ಲ್ಲಿಗೆ 2-3 ಸಾರಿ ಹೋಗಿ ನೋಡಿಕೊಂಡು ಬಂದಿದ್ದೇನೆ. ಲ್ಲ ಕೆಲಸಕಾರ್ಯಗಳು ಬಹಳ ಚೆನ್ನಾಗಿ ನಡೆಯುತ್ತಿವೆ. ಇನ್ನು ಲ್ಲಿಗೆ ಹೆಚ್ಚುವರಿ ಸಿಬ್ಬಂದಿ ಕೊಡುವುದನ್ನು ನಾನು ಪರಿಶೀಲನೆ ಮಾಡುತ್ತೇನೆ.

(iii) re : Death of a Student in Davnagere General Hospital

Sri M. MALLAPPA (Birur).—I call the attention of the Hon. Minister for Public Health to the situation that has arisen due to the death of one student in Davangere General Hospital.

Sri H. SIDDAVEERAPPA (Minister for Public Health).—I make the following Statement;

One Sri Basavarajappa, a student aged 24 years, who had sustained fracture of the Left knee-cap in the second week of February, 1973, came to the Orthopaedic Out-Patient Department of the Chigateri General Hospital Davangere on 22nd February, 1973 and was advised X-Ray of the Left knee. After initial treatment of aspiration and pressure bandage etc., on the next day, he was advised total patellectomy i.e., removal of the knee-cap after finishing his examinations, i.e., on 28th March, 1973. Meanwhile as he could not bear the pain, and requested that he might be operated upon as early as possible the operation was undertaken on the 16th March, 1973. Dr. B. Shvamasunder Shetty, Associate Professor of Orthopaedics of the J. J. M. Medical College, Davangere conducted the operation, assisted by an Anaesthetist (Dr. Veeramma Gangal); two Assistant Surgeons (Dr. Ramaiah Shetty and Dr. Jayasheela Reddy) and a Nurse, Smt. Saramma.

After necessary premedication at 10-30 A.M. the operation started at 11-15 A.M. under General Anaesthesia. Though the required muscle-relaxant drug was administered, it was found that the patient's jaw was not relaxed. With artificial ventilation normal breathing was secured. Throughout the operation the patient's blood pressure was well-maintained; but at the end of the operation he stopped breathing and developed cyanosis, i.e., blue dis-colouration. Immediate resuscitation measures were taken by all the doctors present and the senior Anaesthetist, Dr. S. H. Metgud, who was in another Operation Theatre, was also called in and he took over artificial ventilation from Dr. Jayasheela Reddy. Cardiac massage was continued by the Surgeon and Noradrenaline drip was administered by Dr. Veeramma Gangal. The patient was thus revived and he started breathing again, but still the mouth could not be opened and oral

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intubation needed was found impossible. Nasal intubation was therefore done by the senior Anaesthetist and the patient was connected to Bird's Respirator and a constant watch on his blood pressure, pulse and pupils was kept. In spite of all these efforts, the patient's temperature rose too high, the body became rigid, his blood pressure started falling and pulse became irregular.

The senior Anaesthetist was again called into join the resuscitation efforts. But the heart suddenly stopped. External cardiac massage was tried again, but the patient did not show any sign of improvement, in spite of energetic resuscitation measures. He was pronounced dead at 1-00 P.M.

In the opinion of all the doctors present, the death was due to cardiac arrest with hyperpyrexia. Such a death is considered a rare mishap, but in this case it is not due to any neglect on the part of any of the doctors present. It is unfortunate that in spite of the best efforts of a team of doctors, the life of this young man could not be saved. I wish to express my sincere condolence to the bereaved family.

MATTER UNDER RULE 312

re : Leakage of Question Papers in Mysore University

† ಶ್ರೀ ಎಚ್. ಎಸ್. ಸಿದ್ದಪ್ಪ (ಅರಸೀಕೆರೆ).—ಸನ್ಮಾನ್ಯ ಅಧ್ಯಕ್ಷಶ್ರೀಯಾರೇ, ಮೈಸೂರು ವಿಶ್ವವಿದ್ಯಾನಿಲಯದ ಏಪ್ರಿಲ್ (ಎಗ್ಜಾಮಿನೇಷನ್‌ನಲ್ಲಿ) ನಡೆಯತಕ್ಕ ಪರೀಕ್ಷೆಯ ಆರು ಪ್ರಶ್ನೆ ಪತ್ರಿಕೆಗಳು ಬಯಲಾಗಿರುವೆಂಬ ಸುದ್ದಿಯನ್ನು ನಾನು ಕೇಳುತ್ತಿದ್ದೇನೆ. ಇದು ನಿಜವಾಗಿಯೂ ಬಹಳ ದುರದೃಷ್ಟ. ಈ ಪ್ರಶ್ನೆ ಪತ್ರಿಕೆಗಳು ಬಯಲಾಗುವುದಕ್ಕೆ ನಾನು ಲಕ್ಷಗಟ್ಟಲೆ ಹಣವನ್ನು ವಿದ್ಯಾರ್ಥಿಗಳಿಂದ ಈ ಕಾಲೇಜಿನಲ್ಲಿ ಕಲಸ ಮಾಡತಕ್ಕ ಪ್ರೊಫೆಸರ್, ರೀಡರ್ ಮತ್ತು ಲೆಕ್ಚರರ್‌ಗಳು ವಸೂಲು ಮಾಡುತ್ತಿದ್ದಾರೆಂದು ಕೇಳುತ್ತಿದ್ದೇನೆ. ಇದರಿಂದ ವಿದ್ಯಾ ಪ್ರಗತಿಗೆ ಕುಂದನ್ನು ತಂದಿದ್ದಾರೆ. ಇದರಿಂದ ಮೈಸೂರು ವಿಶ್ವವಿದ್ಯಾನಿಲಯಕ್ಕೆ ಒಂದು ಧಕ್ಕೆಯನ್ನು ಇವರು ತಂದಿದ್ದಾರೆಂದು ಹೇಳುವುದಕ್ಕೆ ಇಷ್ಟಪಡುತ್ತೇನೆ. ಇನ್ನು ಯಾವ ಯಾವ ಪ್ರಶ್ನೆ ಪತ್ರಿಕೆಗಳು ಬಯಲಾಗಿವೆ ಎಂಬುದನ್ನು ಹೇಳಿದರೂ ನಾನು ಹೇಳಬಲ್ಲೆ...

ಶ್ರೀ ಎ. ಆರ್. ಬವರಿನಾರಾಯಣ (ವಿದ್ಯಾಶಾಖೆಯ ಮಂತ್ರಿಗಳು).—ತಾವೇ ಸ್ಪೀಚ್‌ಮೆಂಟ್ ಮಾಡುತ್ತೀರಾ ?

ಶ್ರೀ ಎಚ್. ಎಸ್. ಸಿದ್ದಪ್ಪ.—ಮಾಡುವುದಿಲ್ಲ, ಅಗಿರುವುದನ್ನು ಹೇಳುತ್ತೇನೆ. ಮೈಸೂರು ಯೂನಿವರ್ಸಿಟಿಯಲ್ಲಿ ಕರ್ತವ್ಯ ನಿರ್ವಹಣೆ ಮಾಡುತ್ತಿರುವ ಮೈಸೂನ್‌ಸ್ಟೀಲರ್ ಬಗ್ಗೆ ನಾಗೆ ಮೈಯ ಕ್ಷಿಕವಾಗಿ ಗೌರವವಿದೆ. ಆದರೆ ಅವರು ಕರ್ತವ್ಯ ನಿರ್ವಹಣೆಯಲ್ಲಿ ವಿಫಲರಾಗಿರುವುದರಿಂದ ರಾಜೀನಾಮೆ ಕೊಡಬೇಕು ಅಥವಾ ಸರಕಾರ ಅವರನ್ನು ಆ ಹುದ್ದೆಯಿಂದ ತೆಗೆಯಬೇಕು ಎಂದು ಮನವಿ ಮಾಡುತ್ತೇನೆ. ಈ ಬಗ್ಗೆ ಜುಡೀಷಿಯಲ್ ಪ್ರೋಸೀಜರ್ ಮಾಡಬೇಕು. ಹೇಗೆ ಬಹಾರಿಗೆ ಪ್ರಶ್ನೆ ಪತ್ರಿಕೆ ಬಂತು ಎಂದು ಕೂಲಂಕಷವಾಗಿ ವಿಚಾರವಾಡಿ ಅದನ್ನು ಈ ಸಭೆಗೆ ತಿಳಿಸಬೇಕೆಂದು ಒತ್ತಾಯ ಮಾಡುತ್ತೇನೆ.